

International Technical Assistance in Public Health

a portfolio of maps and pictures



FAMINE, ignorance, disease have been endured for centuries by great numbers of people in many parts of the world.

During recent decades—especially since World War II—there has been a growing awareness that improvement is both possible and imperative for the benefit of the entire world community. The idea of Point IV—the neighborly sharing of techniques and resources—epitomizes the new outlook and finds practical expression in a variety of international technical assistance efforts.

In this portfolio, *Public Health Reports* sketches the scope and character of the health assistance programs, bilateral and multilateral.

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The Objectives of the United States

1947 "The purposes are to further the general welfare of, and to strengthen friendship and understanding among, the peoples of the American Republics through collaboration with other governments . . . in planning, initiating, assisting, financing, administering, and executing technical programs and projects, especially in the fields of public health, sanitation, agriculture, and education."

—from section 2 of Public Law 369, 80th Congress, creating the Institute of Inter-American Affairs

1948 "It is declared to be the policy of the people of the United States to encourage these countries through a joint organization to exert sustained common efforts . . . which will speedily achieve that economic cooperation in Europe which is essential for lasting peace and prosperity. . . . To sustain and strengthen principles of individual liberty, free institutions, and genuine independence . . . through assistance to those countries which participate in a joint recovery program based upon self-help and mutual cooperation."

—from section 102 of Public Law 472, 80th Congress, creating the Economic Cooperation Administration

1950 "The peoples of the United States and other nations have a common interest in the freedom and in the economic and social progress of all peoples. Such progress can further secure the growth of democratic ways of life, the expansion of mutually beneficial commerce, the development of internal understanding and good-will, and the maintenance of world peace.

"It is declared to be the policy of the United States to aid in the efforts of the peoples of economically underdeveloped areas to develop their resources and improve their working and living conditions by encouraging the exchange of technical knowledge and skills and the flow of investment capital to countries which provide conditions under which such technical assistance and capital can effectively and constructively contribute to raising standards of living, creating new sources of wealth, increasing productivity, and expanding purchasing power."

—from sections 402 and 403 of Public Law 535, 81st Congress, establishing the Technical Cooperation Administration to carry out the objectives of the Point IV program

1951 "The Congress declares it to be the purpose of this Act to maintain the security and to promote the foreign policy of the United States by authorizing military, economic, and technical assistance to friendly countries to strengthen the mutual security and individual and collective defenses of the free world, to develop their resources in the interest of their security and independence and the national interest of the United States, and to facilitate the effective participation of those countries in the United Nations system for collective security."

—from section 2 of Public Law 165, 82d Congress, establishing the Mutual Security Agency and carrying forward the economic and technical cooperation programs

The Multilateral Approach

Through the United Nations the concept of international health has found its most potent means of expression. The multilateral approach to public health—in which the resources of many nations are mobilized for the common good—is found in the programs of the specialized and other organs of the United Nations. Among these are the International Labor Organization (ILO), the Food and Agriculture Organization (FAO), and the United Nations Educational, Scientific, and Cultural Organization (UNESCO). There are two agencies directly concerned with health: The World Health Organization (WHO) and the United Nations International Children's Emergency Fund (UNICEF).

. . .

Aiming at "the attainment by all the peoples of the highest possible level of health," WHO acts as the

international health coordinating authority; assists governments, upon request, in strengthening health services; furnishes technical assistance and, in emergencies, aid upon the request or acceptance of governments; stimulates the eradication of epidemic and other diseases; promotes maternal and child health and welfare; fosters activities in the field of mental health; and maintains administrative and technical services, including epidemiological and statistical services.

. . .

The United Nations International Children's Emergency Fund is an international cooperative on behalf of children. It draws upon those nations able to help with money, goods, and services and distributes aid to countries on the basis of children's needs which cannot be met from the countries' own resources. In doing

so, it works with and through governments, the latter carrying the full responsibility for administration. The United States participates in UNICEF.

UNICEF provides assistance to countries for general maternal and child welfare purposes, including the building of basic services, training of child welfare personnel, mass campaigns against diseases that particularly affect large numbers of children, milk conservation projects, and in the meeting of emergency situations of special groups in particular need.

Other intergovernmental organizations which are concerned with health activities are: Pan American Sanitary Bureau, the Caribbean Commission, the South Pacific Commission, the Colombo Plan for Cooperative Economic Development in South and Southeast Asia, and the Commission for Technical Cooperation in Africa South of the Sahara.

The Bilateral Approach

The United States—having emerged from World War II with its economic position stronger than other countries and in a position of international public trust—has made significant contributions of funds and technical assistance to other countries to aid in economic recovery and establishment of greater stability throughout the world.

This nation actively participated in the creation of the World Health Organization as a specialized agency of the United Nations. By Congressional resolution, approved by the President on June 14, 1948, the United States became a member. Through the WHO we substantially contribute to its multilateral programs. And in carrying out bilateral programs, the United States looks constantly to the WHO for leadership and guidance, recognizing the coordinating authority given in its constitution, to which this Nation is a party.

United States experience with the bilateral approach—a direct arrangement between two nations—had its first trials in the health field during the last war through the Office of the Coordinator of Inter-American Affairs. In 1946, came the Philippine Rehabilitation Act. The Eightieth Congress created the Institute of Inter-American Affairs (IIAA) and in the Foreign Assistance Act of 1948 established the Economic Cooperation Administration (ECA)—instituting a far-reaching program with a direct and immediate impact on health conditions. The Act for International Development in 1950 set up the Technical Cooperation Administration (TCA) in the Department of State to develop the Point IV program. The Mutual Security Act of 1951 carries forward the economic and technical cooperation activities of this country.

United States technical assistance appropriations for the fiscal year

1952 are in the range of 400 million dollars, about 10 percent being applied to bilateral technical assistance in health. Programs aimed at strengthening national and local health services are now operating or under development in 41 countries upon requests of governments.

. . .

The bilateral health assistance programs of the United States are coordinated under the general supervision of the Director of Mutual Security in the Executive Office of the President. The two major operating agencies are the Mutual Security Agency (MSA—successor to the Economic Cooperation Administration) and the Technical Cooperation Administration. The Institute of Inter-American Affairs is a functional part of TCA. The Public Health Service of the Federal Security Agency supplies technical support and much of the health personnel for both programs.

Europe



Technical Assistance in Public Health

MANY countries of Europe have health problems which affect their national economic development. For this reason, the World Health Organization, during its last assembly, decided to establish a regional office for Europe. Because of the advanced development of health affairs in Europe, the United States is giving technical assistance to only two countries—Greece and Turkey—in a bilateral program.

The present Greek program was initiated in 1947 as a part of the American Mission for Aid to Greece. It was designed to help in the economic recovery of Greece by controlling those diseases which affect the health of workers or make areas of the country unsuitable for agricultural production. Consequently, malaria control was one of the biggest tasks when the program began. This program was carried out on a large scale by the public health division and the agricultural division of the Economic Cooperation Administration (ECA) mission to Greece. Once a major health and economic problem, malaria is now reduced to a minor problem in Greece.

The ECA—now Mutual Security Administration—mission to Greece is now providing advisory services to the Greek Ministry of Hygiene in helping to reorganize its structure and to plan public health programs which will extend into the provinces. In addition to developing health centers in the provinces, the mission is building hospitals, promoting nursing education programs, developing hundreds of community water supplies, and supervising the procurement and distribution of medical stores, drugs, and chemicals. Together with WHO, the Greek Government, and the Danish Red Cross, the mission is also operating a tuberculosis control and BCG vaccination program.

In Turkey, a small United States mission, comprising four persons, is giving assistance in malaria control. The activities of the mission are centered in those regions where rice production was stopped by the Turkish Government because of an increase in malaria. This

SYMBOLS FOR PROGRAMS

	Malaria and/or other Insect Borne Diseases
	Tuberculosis
	Venereal Disease, Yaws, Bejel, and/or Pinta
	Maternal and/or Child Health, and/or Nutrition
	Rural Sanitation
	Public Health Training and Facilities
	Public Health Demonstration Teams and/or Administrative Services
	Hospital Facilities and Services
	Laboratory and/or Research

team also serves the Government in a general advisory capacity on other health problems.

Because of the high degree of development in the field of health in Europe, the WHO has very few technical assistance missions such as those assigned to the underdeveloped countries. Such assistance as is being given is confined to short-term seminars and demonstrations. WHO, along with the United Nations International Children's Emergency Fund, however, has been instrumental in initiating extensive BCG vaccination programs in the war-ravaged areas of central and eastern Europe.

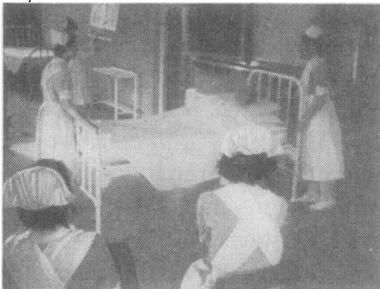
An international antivenereal disease commission of the Rhine was created in 1951 to coordinate services of the five countries bordering on the river and to establish diagnostic and treatment centers at principal river ports.

A training center for anesthesiology, opened in Copenhagen in May 1950, is being operated by the Danish State Medical Board, the University of Copenhagen, and the WHO. Training in new techniques is being given to specialists from Sweden, Norway, Finland, Iceland, Yugoslavia, and Austria, as well as from Denmark. The first class was graduated in 1951.

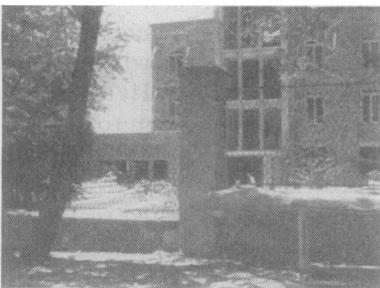
A WHO team of six Swedish heart specialists demonstrated new surgical procedures, such as "blue baby" operations, in Vienna and Zagreb. Following the team's visits, cardiac clinics for children were scheduled to be established.



Two school children follow the example of the AMAG poster which encourages children to drink milk.



Student nurses train in ECA-constructed schools under supervision of public health teams.



A new wing is added to this hospital as part of the general construction plan.



When AMAG arrived conditions such as this were common. As many as 14 people lived in these two floorless 1-room huts.

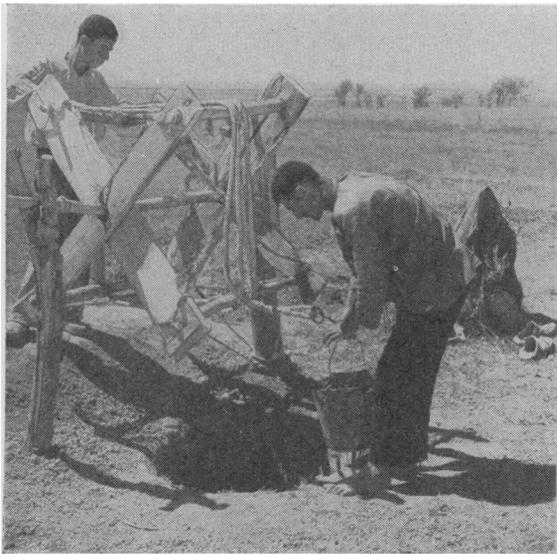
Hospitals, Nurses for Greece

At the end of World War II, many of the countries in Europe were left with hospitals and schools torn and damaged. In Greece, especially, the need for adequate medical facilities was great, for the country became involved in a civil war shortly after World War II. In 1947, the United States assigned the American Mission for Aid to Greece (AMAG) to provide technical and financial assistance requested by the Greek Government, and in July 1948, ECA was assigned to take over and further the work of AMAG and to aid in the establishment and operation of a health program for Greece.

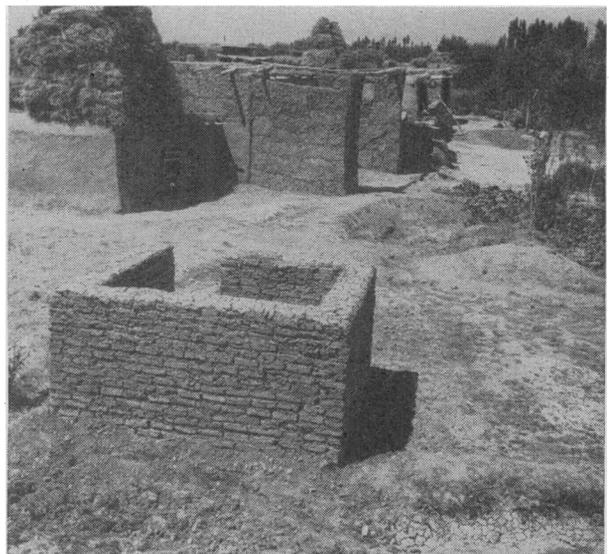
The agreement between the United States and Greece included projects for the training of Greek nurses, and for the construction and improvement of hospitals, sanatoriums, and nursing schools in Greece. By mid-1951, five new buildings were in use: two public health centers; a tuberculosis sanatorium at Sparte; a medical supply warehouse at Athens; and the Greek Red Cross Nurses' School in Athens. It is expected that two new schools of nursing will be opened during the present year, one at Salonica and a school for practical nurses at Laikon Hospital, Athens.

The additional nursing facilities resulting from the construction of nurses' homes have been responsible for an increase in the number of women entering the field of nursing. The number of nursing students increased about two and one-half times in the period from 1945 to 1951.

As a result of the high standards introduced into the field of nursing by the ECA public health mission, greater recognition is being given to graduate nurses, hospitals are placing graduate nurses on their staffs, and the number of graduate nurses has been increasing, until, by the middle of 1951, there were 891 graduate nurses in the country.



Close-up of latrine excavation operations.



One of the new latrine shelters.

Sanitation Primary Aim in Iran

A major problem in the Middle East is that of providing an adequate and safe water supply for the population. Coupled with this is the need for sanitary disposal facilities. In Iran, this problem is receiving the attention of the public health division of the Technical Cooperation Administration.

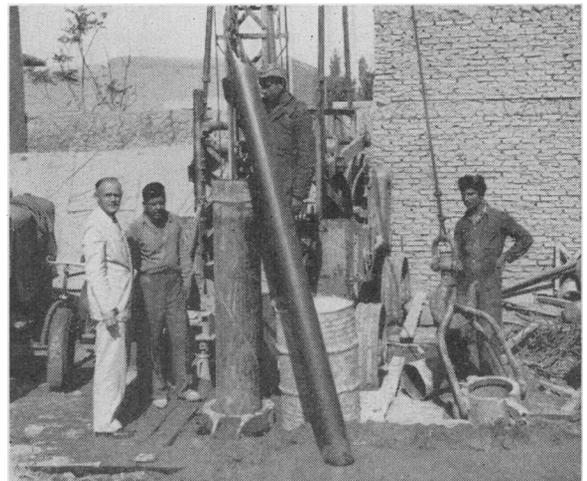
Under the direction of American sanitary engineers and their Iranian counterparts, sanitation projects, providing safe water supplies and waste disposal facilities, are in operation. These projects are part of a general rural improvement program which is raising the living and health standards of the population. Eventually the entire program will be completely staffed and operated by Iranians.

The location of the first sanitation project was in the village of Kamalabad, about 37 miles northwest of Teheran. In this village of 500 population, a well was drilled at the school and a sanitary latrine constructed. At present, a public bath is nearing completion.

One of the primary aims of the sanitation program is to increase the number of individual and community latrines. Latrine tops adapted to the mores of the people are being manufactured in Teheran for TCA and distributed to those villages which agree to install and maintain them according to direction. These latrine tops

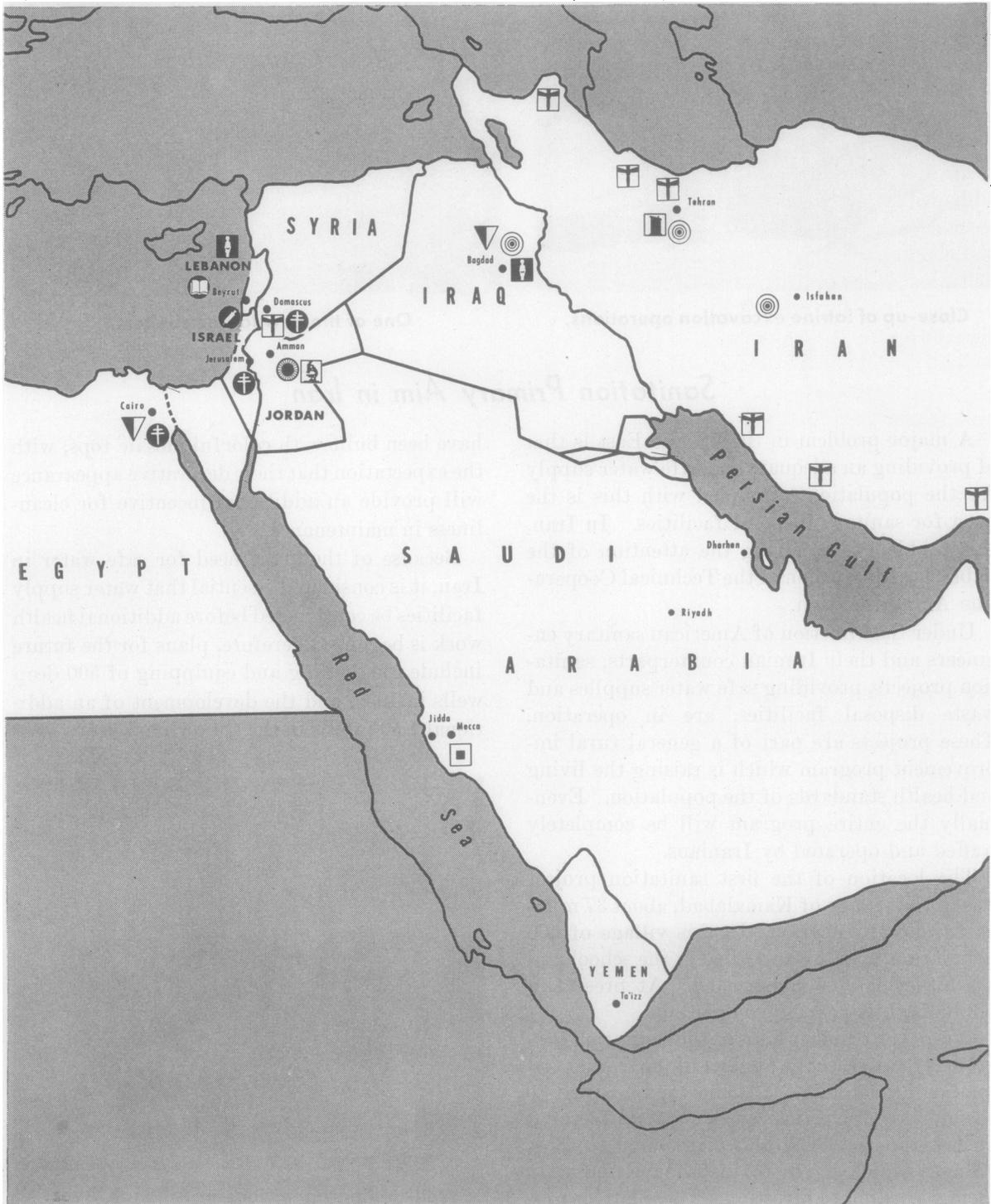
have been built with colorful mosaic tops, with the expectation that their decorative appearance will provide an additional incentive for cleanliness in maintenance.

Because of the great need for safe water in Iran, it is considered essential that water supply facilities be constructed before additional health work is begun. Therefore, plans for the future include the drilling and equipping of 500 deep wells in 1952, and the development of an additional 1,500 wells in the following 3 years.



Well-drilling operations in Ali Shah Avez.

Middle East



Technical Assistance in Public Health

BORDERING the southeastern shores of the Mediterranean Sea and extending south to the Sahara Desert and east to the Caspian Sea and the Persian Gulf is an area of the world often referred to as the Middle East.

A major problem of this area is the movement of population—refugees, immigrants, and pilgrims. There are hundreds of thousands of homeless Palestine refugees temporarily settled in Lebanon, Syria, and Jordan. Immigrants continue to flow into Israel. Every year, 200,000 Moslems make their pilgrimages to Mecca in Saudi Arabia. These movements have far-reaching political, social, and economic importance, including their effect on disease transmission.

These are among the reasons the United States and the United Nations agencies are channeling much of their technical assistance to the countries in this area. The United Nations International Children's Emergency Fund and the World Health Organization are supplying medical personnel and supplies to stave off epidemics among refugees. One hundred and forty-eight thousand refugee children have been vaccinated against tuberculosis. Control programs against malaria, typhus, and other insect-borne diseases are carried on by these international organizations in the refugee camps.

Infectious eye diseases, such as trachoma, are being attacked in Jordan. With United States equipment and technical direction the Government of Jordan has set up a central laboratory to provide essential laboratory services required in attacking the problems of communicable diseases in that country.

The Saudi Arabian Government, with WHO assistance, has built quarantine facilities at Jidda to control diseases among the pilgrims.

UNICEF and WHO are sponsoring vaccination programs throughout the area for protection against tuberculosis. In Israel, 208,000 children have been vaccinated, while in Egypt some two million children and young adults have been tested. A vaccine production

SYMBOLS FOR PROGRAMS

	Malaria and/or other Insect Borne Diseases
	Tuberculosis
	Venereal Disease, Yaws, Bejel, and/or Pinta
	Maternal and/or Child Health, and/or Nutrition
	Rural Sanitation
	Public Health Training and Facilities
	Immunization
	Trachoma, and/or other Infectious Eye Diseases
	Laboratory and/or Research
	Public Health Demonstration Teams and/or Administrative Services
	Quarantine

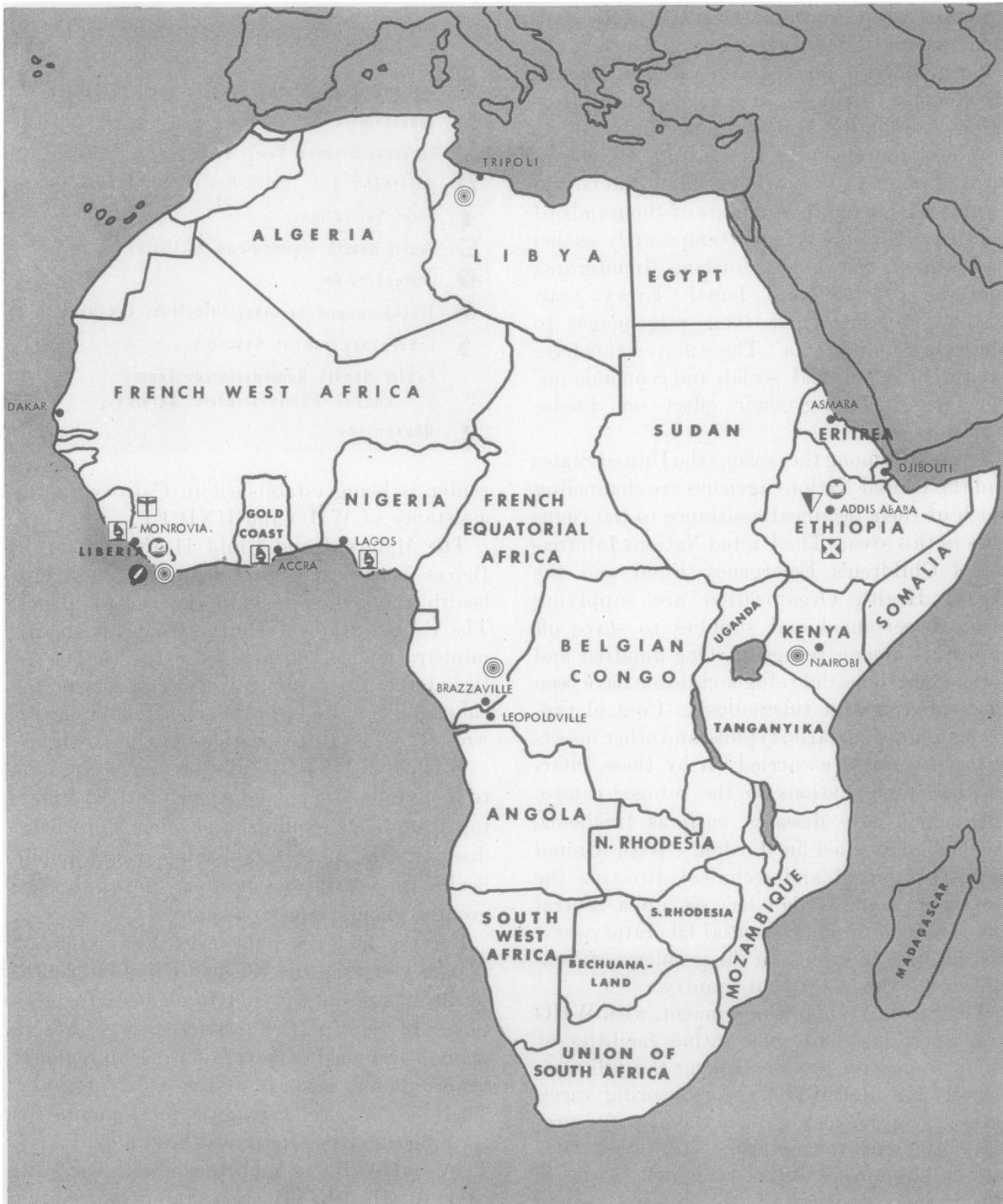
center is being established in Cairo with the assistance of WHO and UNICEF.

The Maternal and Child Health Center in Beirut is training local maternal and child health teams for work in the rural villages. The United States Technical Cooperation Administration has helped to set up training facilities at the American University of Beirut for subprofessional and professional public health workers from all the nations in this area.

WHO and UNICEF also bring medical care to thousands of men and women in Iraq suffering from bejel, syphilis, and other spirochetal diseases. TCA is establishing rural public health demonstrations in areas of Iraq undergoing economic development.

For the first time, the rural population of Iran is receiving the benefits of public health, scientific agriculture, and fundamental education. In each of the provinces, or ostans, a team of technical experts is setting up regional health centers as part of the TCA program. These centers are serving as focal points for training subprofessional health workers. Also, TCA and WHO, in cooperation with the Ministry of Health, are very rapidly bringing malaria under control in Iran.

Africa



Technical Assistance in Public Health

AFRICA, the second largest continent of the world, has only 15.1 people per square mile, compared with North America's 22.1, Asia's 72.6, and Europe's 142.0. In the central part of the continent is a region many times greater in area than either the pampas regions of South America or the prairies of the United States, which is rich in natural resources. But much of it at present is virtually uninhabitable. If made safe for human habitation, this region could supply much of the needed food for the world.

Most of the diseases known to man are found in Africa. Particularly prevalent are malaria and African sleeping sickness. Smallpox, typhus, epidemic meningitis, yellow fever, hookworm disease, and malnutrition are also widespread. In some of the drier areas of the continent, trachoma, a disease often causing blindness, strikes as many as two out of every three inhabitants. Along the coast, syphilis and gonorrhoea have invaded the towns and villages. In the interior, yaws incapacitates both children and adults.

The prevalence of these diseases not only hinders the development of Africa, but also presents possible threats to health in other areas of the world, since many of the diseases may be, and have been known to be, transported to other countries. Man has discovered methods for the control of most of the diseases, but the economic cost of applying such measures on a large scale remains a formidable barrier.

The United States is presently giving technical assistance on health problems to two countries in Africa—Liberia and Ethiopia—under a bilateral program.

In Liberia, the bilateral program has been in operation since 1944. Originally initiated as a wartime operation to protect American military personnel stationed in that country, the program is now an integrated part of the public health services of Liberia. The American staff of the mission is assigned to responsible positions in the national health service. Ameri-

SYMBOLS FOR PROGRAMS

	Malaria and/or other Insect Borne Diseases
	Venereal Disease, Yaws, Bejel, and/or Pinta
	Public Health Training and Facilities
	Immunization
	Laboratory and/or Research
	Public Health Demonstration Teams and/or Administrative Services
	Leprosy

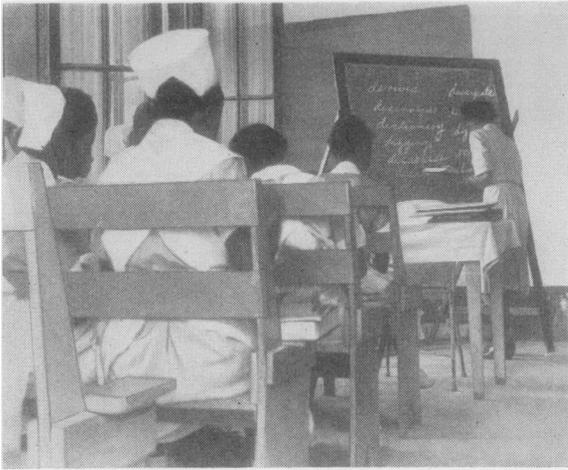
can experts provide assistance in nursing education, malaria control, and laboratory services, as well as in rural sanitation and other types of health services. At the request of the Liberian Government, the World Health Organization has provided a consultant to draft and codify health regulations. WHO is also providing personnel to undertake a yaws control program in that country.

WHO has been providing assistance to Ethiopia for several years. Due to the extreme shortage of trained personnel in the health fields, the program has been restricted primarily to the training of subprofessional personnel. Recently, however, the country has received assistance from WHO in leprosy control, and a project for the control of venereal disease has been approved. The Technical Cooperation Administration has approved the assignment of a public health administrator to Ethiopia to plan a national health service for that country. It is anticipated that additional personnel will be assigned to Ethiopia when a plan has been agreed upon.

Other important health activities in this region include a malaria survey in Sierra Leone and epidemiological studies in the Gold Coast and Nigeria, which have been sponsored by the Mutual Security Agency.

WHO has recently established a regional office for Africa at Brazzaville, French Equatorial Africa.

Liberia Trains Midwives and Nurses



A class at the Tubman School of Nursing.



Midwives receive instruction in prenatal care.



Native midwife plans new nursing home.

Midwifery in Liberia, as in many countries in the world, is an important phase of the health program since virtually all Liberian babies are delivered by midwives. The United States Public Health Service Mission in the capital city of Monrovia, which was established in 1944 at the request of the Liberian Government, almost immediately began elementary training for midwives. Classes filled up quickly at the mission and other classes were started in nearby villages in response to eager demands.

After learning improved techniques in midwifery, the tribal midwives return to their own villages, where they use their new skills in delivering babies either in their own homes or in special places prepared for this purpose.

One of the midwives, from the Bassa tribe, who has been working in the clinics of the Public Health Service Mission in Monrovia for the past 2 years, is hoping to open a small nursing home in her village, where she may take her patients for deliveries. At present she is using her own home. She plans to christen her new nursing home "SMALL USPHS" in appreciation for the training and other help she has received from the mission. Among her people, she is considered a "big woman" and her influence has been strengthened by the guidance she has received at the mission.

A major milestone in the training of midwives was the opening of a 2½-year course in midwifery at the Tubman School of Nursing in Monrovia in March 1951. This course offers training in the basic principles of prenatal and postnatal care, newer and improved delivery techniques, and patient and infant care. Nineteen students are presently enrolled in the course.

The Tubman School of Nursing, a cooperative project of the United States and Liberia, was established in 1946 to help solve Liberia's problem of providing professionally trained health people. The school offers a training program which meets nurse training standards in the United States and other countries. Its 23 graduates to date (1948-51) are now serving as clinical and public health nurses in various parts of Liberia.



Patients registering prior to examination—part of the venereal disease control program.



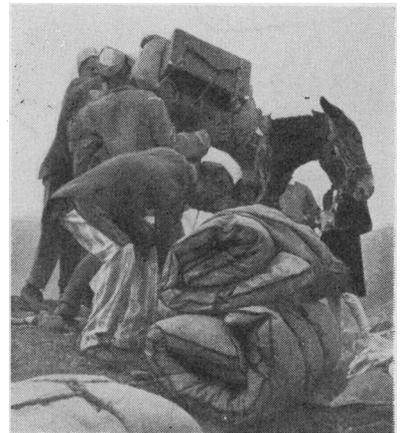
A woman and her child undergoing a routine blood test for syphilis.

Penicillin Comes to India

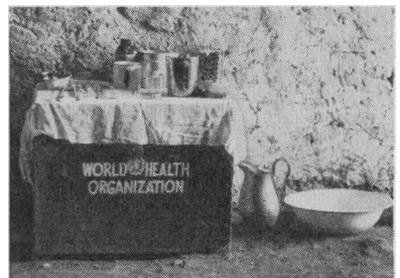
In the early months of 1949, at the request of the Government of India, the World Health Organization established a venereal disease demonstration team in the Himachal Pradesh, the foothills of the Himalayas. In this area, which has a population of about one million, the problem of syphilis was severe. The team, consisting of a physician, serologist, public health nurse, and health educator, had its headquarters at Simla, the largest city in the area.

Shortly after the arrival of the first member of the WHO team, the Indian matching-team leader was assigned. The existing laboratory at Simla was found to be adequate for the clinical work and testing that was necessary, and work was begun there. The team was quite successful in introducing penicillin therapy to the region. Local physicians and hospitals quickly accepted this method, as well as team-demonstrated techniques for serologic tests for syphilis.

The primary function of the venereal disease control team was the training of local doctors and other health personnel who could continue the work after the team's departure. In the first 17 months of activity, 29 persons had completed training under direction of the team. These trainees, in turn, have assisted in the training of additional health personnel, and have initiated venereal disease control measures in the various hospitals and clinics in India. The success of the team in this phase of their work indicates that a program begun with outside assistance and direction can be absorbed into the provincial health services of a country.

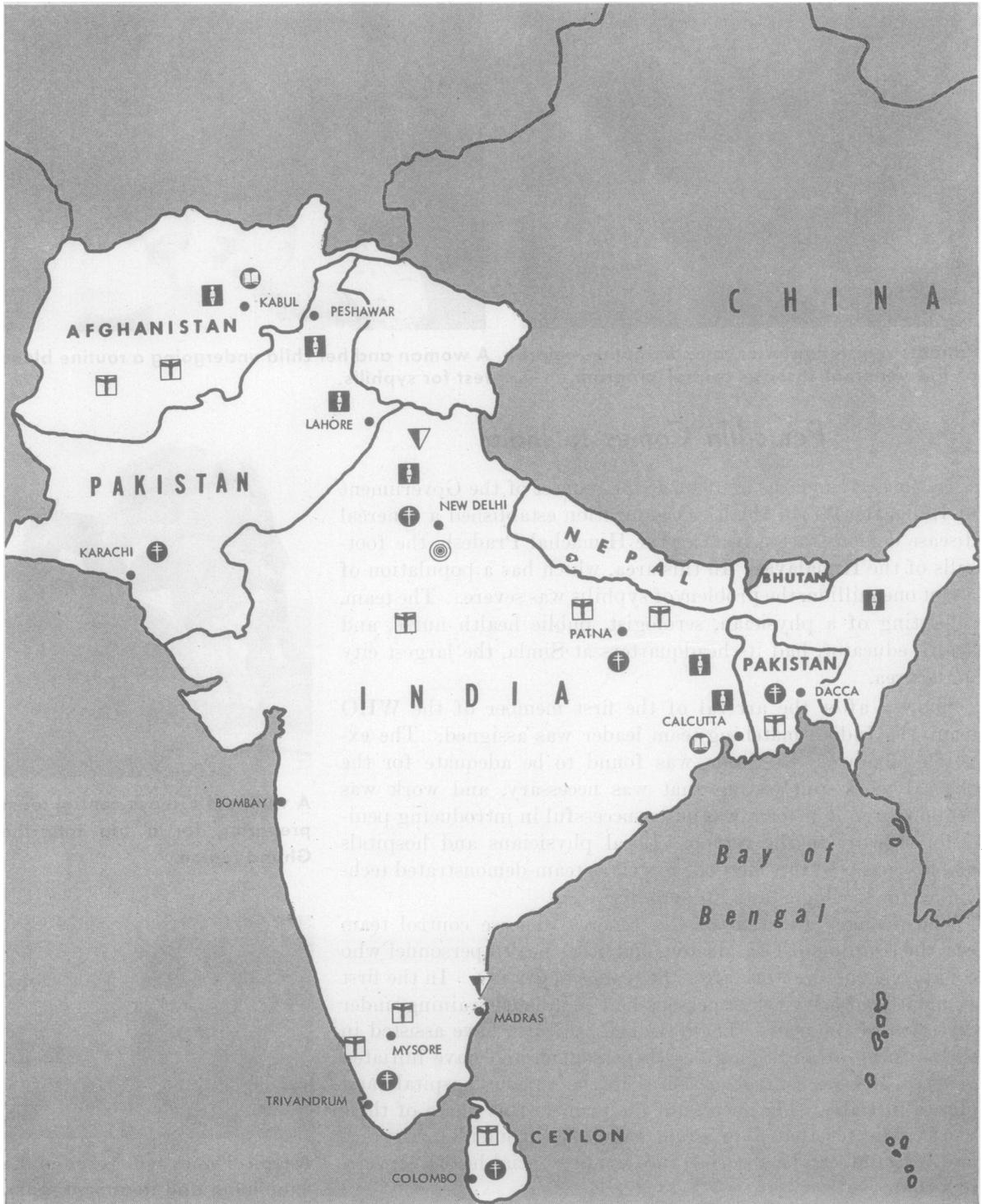


A venereal disease control team preparing for a trip into the Ghund region.



A typical work table used in the examining and treatment room.

South Asia



Technical Assistance in Public Health

MORE than 400,000,000 people inhabit that area of South Asia politically divided into the states of Afghanistan, Pakistan, India, Nepal, and Ceylon. These people are of many races, religions, and castes. Equally varied are the topographic and climatic conditions, ranging from the intense cold of the Himalayan Mountains in northern India and the barren plateaus of Afghanistan to the humid tropical lowlands of Ceylon. All of these people have one thing in common—untold human suffering resulting from ill health and undernourishment. The limited fertility of the soil and the rapid population growth present serious obstacles to the social and economic development. Many of the resources of the United Nations organizations are devoted to this area. Also, the United States has allotted considerable funds for technical assistance to these countries. The Technical Cooperation Administration has assigned a public health administrator to India to assist in developing specific projects for countries in this area.

The United Nations organizations have been operating in this area for several years and have a number of programs under way. In Afghanistan, the World Health Organization and the United Nations International Children's Emergency Fund have combined to establish basic maternal and child health services and training facilities for nurses and midwives. During the past year, the WHO assisted the Government of Afghanistan with two malaria control demonstrations, reducing the infection rate among children in the controlled areas by over 50 percent.

After 2 years of work in Simla, India, during which time 40 local venereal disease teams were trained, the WHO venereal disease control team has been assigned to the Madras area to set up a similar clinic and laboratory training center.

Jointly with the Food and Agriculture Organization, WHO has operated malaria control projects in four districts of India (Uttar Pra-

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	Malaria and/or other Insect Borne Diseases
	Tuberculosis
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	Public Health Demonstration Teams and/or Administrative Services

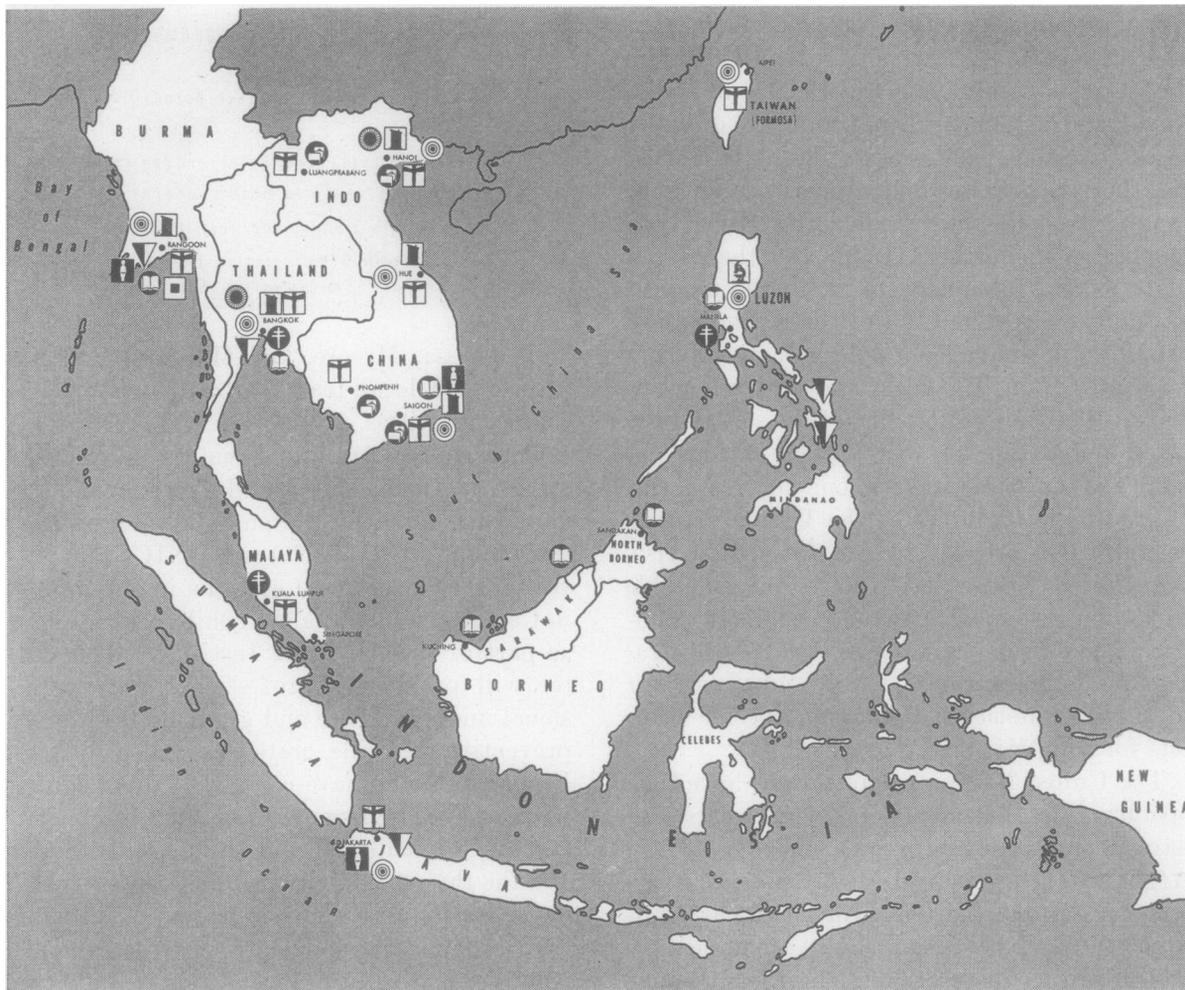
desh, Orissa, Mysore, and Malabar) and has trained 100 local teams to carry on malaria control activities.

Tuberculosis training centers have been opened in Delhi, Patna, and Trivandrum, and more than 4,000,000 Indian children have been tuberculin tested. WHO and UNICEF are assisting the Government of India in developing, in Calcutta, a maternal and child health center as part of the All-India Institute. This center will provide subprofessional and professional undergraduate and graduate training in preventive medicine, obstetrics, and pediatrics. From those who have completed this training will come the personnel to be used in expanding the 100 maternal and child health centers and the three pediatrics training centers which have already been set up in India.

In order to expand and strengthen the 100 maternal and child health centers in Pakistan, WHO and UNICEF have established five maternal and child health training centers for midwives and nurses and have provided the technical staff, supplies, and equipment for the centers in Lahore, Karachi, and Peshawar. The malaria control demonstration work in East Pakistan, which reached 250,000 persons, is being expanded to reach 1,000,000 people. A nation-wide BCG program centered at Karachi and Dacca, is being undertaken.

The WHO/UNICEF program in Ceylon has focused on malaria control and tuberculosis vaccination. The DDT residual spraying program, started several years ago by the Ceylonese Government, has been very effective.

Southeast Asia



SOUTHEAST ASIA is probably the most complex of the regions which are receiving technical assistance in health. This peninsular region extends from the under side of China to thousands of small islands known as the East Indies and the Philippines. Eight independent nations—Burma, Thailand, Viet-Nam, Cambodia, Laos, Formosa, Indonesia, the Philippines—one dominion, Malaya, and a number of non-self-governing territories occupy this area.

The United States is devoting intensive efforts to relieve the suffering of the people in this area and to assist the governments to develop sound economies which can include sup-

port for adequate health services.

In Indochina, where the French and Viet-Nam Governments are still fighting Communist rebels, relief and care for civilian casualties and war refugees necessarily constitute a considerable part of the health program. Fifteen American experts supervise malaria control teams, operate trachoma clinics, direct the drilling of wells and the building of privies in the villages, train and supervise first-aid workers, laboratory technicians, dressers, and other subprofessional personnel, and provide the technical guidance for the construction and equipping of hospitals.

Technical Assistance in Public Health

In Thailand, American experts are assisting the Ministry of Health in venereal disease, malaria, trachoma, and plague control programs, rural sanitation, and professional education. WHO and UNICEF have initiated a 3-year yaws control program and are assisting in malaria and tuberculosis control.

American personnel with the United States Health Mission in Burma have been successful in carrying preventive medicine to the areas outside the major cities. Venereal disease and malaria control teams have been trained and assigned to rural areas. Quarantine personnel have been trained. A nation-wide program in environmental sanitation is getting under way. American personnel serve as instructors at the Rangoon Medical School and Hospital. WHO and UNICEF are planning an extensive maternal and child health program in cooperation with the Government of Burma.

In Indonesia the small American public health group is providing advisory services to the Ministry of Health and assisting with the malaria control program carried on by the three malaria institutes. WHO and UNICEF are assisting in equipping 250 maternal and child health centers and are training personnel to staff these centers.

A nation-wide yaws eradication campaign carried on by WHO and UNICEF has resulted in treatment for more than 100,000 persons.

United States technical assistance in public health for the Philippine Islands is in the plan-

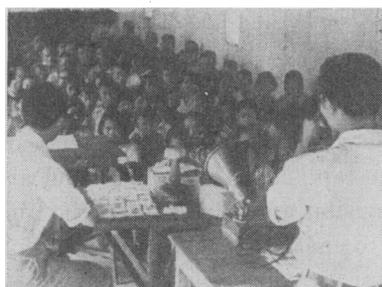
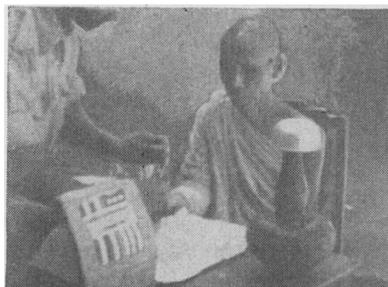
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	Tuberculosis
	Venereal Disease, Yaws, Bejel, and/or Pinta
	Maternal and/or Child Health, and/or Nutrition
	Rural Sanitation
	Public Health Training and Facilities
	Trachoma, and/or other Infectious Eye Diseases
	Laboratory and/or Research
	Public Health Demonstration Teams and/or Administrative Services
	Hospital Facilities and Services
	Quarantine

ning stage. However, WHO and UNICEF have established a rural training center and are carrying out extensive yaws and syphilis control programs in Leyte and Samar. A BCG production laboratory and a tuberculosis demonstration center have been established at Santa Cruz near Manila.

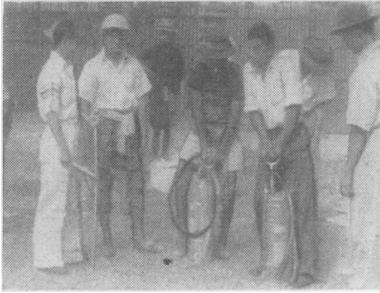
In Formosa the United States is assisting in the malaria control program and is providing advisory services to the government.

WHO has assigned public health nurses to Brunei, North Borneo, and Sarawak to strengthen the nursing institutions in these countries. In Malaya WHO is sponsoring malaria control programs and extensive BCG vaccination campaigns.

Malaria control activities in Thailand include blood tests, explanation of the program to school children, and supplying of aralen tablets. (Prints from a Mutual Security Agency film.)



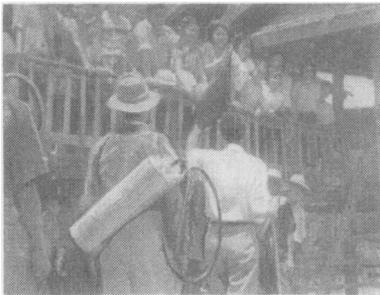
DDT, Aralen, Education, Fight Malaria in Thailand



A local DDT spraying team is readying its equipment.



Here the team is carrying the equipment to one of the villages.



The people welcome the spraying team to the village.



The spraying team in action at one of the houses.

In Thailand, as in all of Southeast Asia, malaria is a major cause of death. Approximately 50,000 deaths due to malaria—about 20 percent of the total number of deaths—are reported annually. In addition, there are many more thousands of persons in the country who are partially or completely incapacitated and unable to work due to the ravages of this disease.

Malaria control activities began in April 1951 in the northern provinces of Chiangmai, Lampang, and Chiengrai. These activities were a part of the public health program established by the Thai Government with the assistance of an ECA public health mission, which was sent to Thailand in February 1951. ECA supplied DDT, spray equipment, jeeps, and aralen tablets, and Thai personnel carried out the spraying operations.

In a 3-week period, 400 Thai field personnel sprayed more than 40,000 houses with DDT. During this period, two ECA public health experts, a malariologist and an entomologist, were assigned to the northern provinces to assist, in an advisory capacity, the Thai malaria control officers.

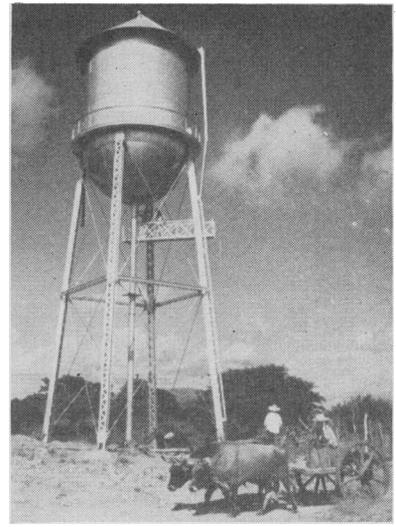
An evaluation study was initiated in June 1951, to determine the accomplishments of the 1951 DDT house-spraying campaign and to develop plans for an extensive residual-spraying program during the 1952 malaria season. These plans include spraying activities to cover an area having some 1,400,000 persons.

The development and initiation of a program for the distribution of aralen tablets was less rapid than was the residual-spraying campaign. This was due to the desire of the public health mission to include as much village participation as possible, still making certain that aralen would reach all those who needed it in areas where spraying activities were going on. However, by August 1951, the distribution of aralen became routine field work in regions where malaria control teams were doing evaluation studies. At the end of August, approximately 20,000 aralen tablets were administered in the Province of Chiangmai, and a total of 200,000 aralen tablets were distributed in the five areas under study by the evaluation teams. Aralen is also being distributed as part of the trachoma control program, with the aim of reaching as many malaria sufferers as possible.

Much of the public health staff's malaria control activities during the latter part of 1951 were coordinated with the activities of the Thai Government to enable it to plan in full the 1952 antimalaria campaign. In addition to control measures for 1952, long-range plans include malaria control activities which should reach approximately 5,000,000 people within the next 5 years. As malaria control work becomes more firmly established, Thai personnel are taking over much of its supervision and direction. The aim of the public health mission is to enable the Thai Government to take over the malaria control program completely in as short a time as possible.



Men carrying pipe for the water system in Tierra Colorado, as part of the town's contribution to the project.



Water supply tank in Oaxaca.

Mexico Strives for Safe Water

Mexico's need for a supply of safe water was ably expressed in 1948 by the Mexican Minister of Hydraulic Resources, Adolfo Orive Alba: "Water supply and sewerage services in our cities are very important when we consider that 22 percent of the general mortality is caused by water-borne disease, due principally to the use of contaminated water for domestic purposes"

Water supply systems and facilities for sewage disposal thus constitute some of the most important projects carried on by the United States (Institute of Inter-American Affairs)-Mexican Cooperative Health Service.

A typical project to provide a water supply and distribution system was carried out in the town of Tierra Colorada, Guerrero. This town had no public water supply other than an open canal which brought water from the Huayapa River. As part of their contribution to the project, the town agreed to furnish the unskilled labor and to transport material from the nearest railroad station, 135 miles away. The completed project consisted of a detention dam and intake structure, a conduction line to a water storage tank and from there to the distribution system installed in the town, a chlorinator installed at the water storage tank, and a distribution system.

In 1940 only about 700 of the 115,000 towns in Mexico had water service, and of these, only about 5 had really potable water because, though there were some 20 treatment plants, most of them were deficient. The cooperative health service has provided 28 towns with water supply systems and currently has 21 projects under construction.

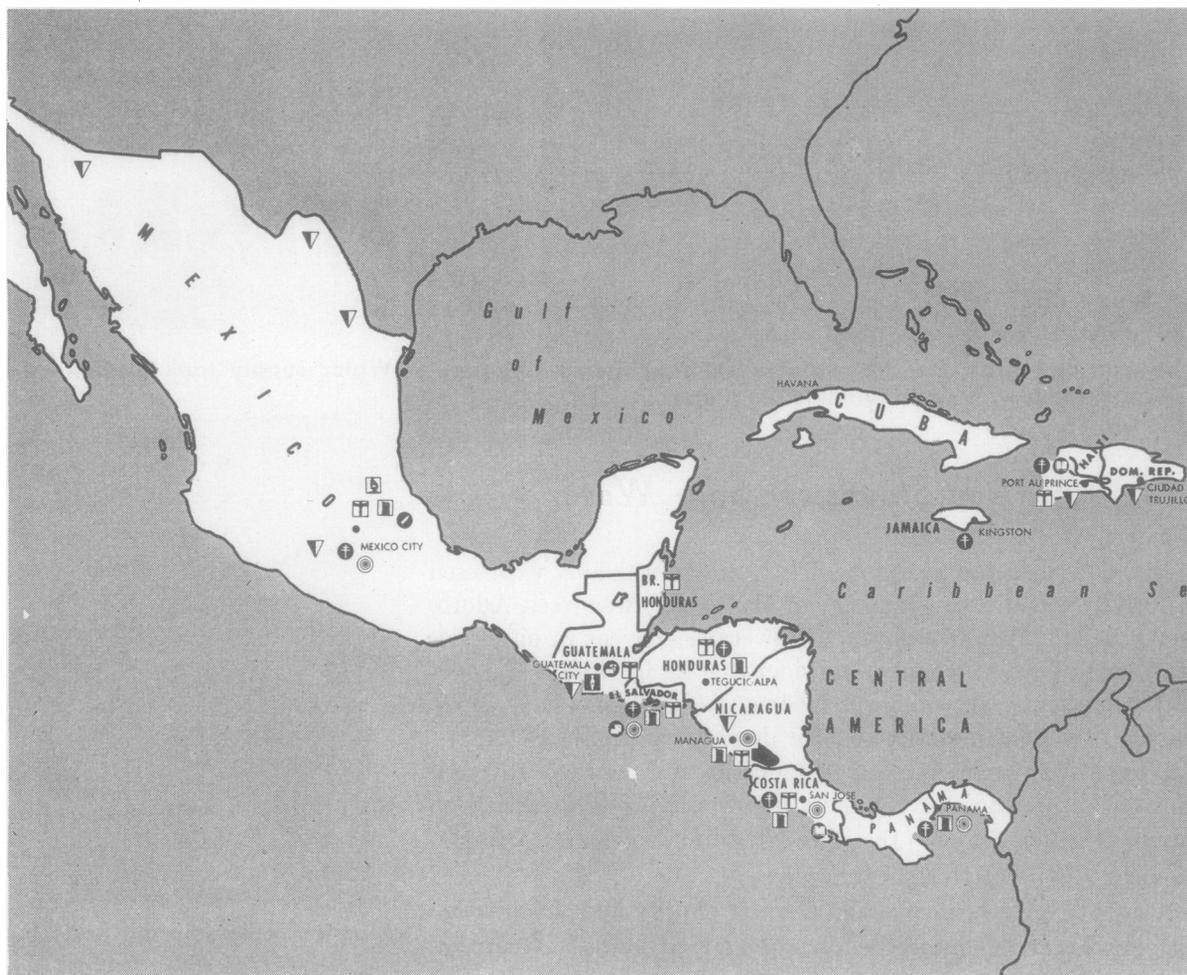


Plaques commemorate projects.



A typical public hydrant.

Caribbean Area



SYMBOLS FOR PROGRAMS

- Malaria and/or other Insect Borne Diseases
- Tuberculosis
- Venereal Disease, Yaws, Bejel, and/or Pinta
- Maternal and/or Child Health, and/or Nutrition
- Rural Sanitation
- Public Health Training and Facilities
- Immunization
- Laboratory and/or Research
- Public Health Demonstration Teams and/or Administrative Services
- Hospital Facilities and Services

THROUGH the Institute of Inter-American Affairs, the United States is cooperating directly with the governments of the various countries in Central America and the Caribbean area in carrying out health programs. The programs are being administered by cooperative government agencies known as "Servicios," which are staffed jointly by personnel from the United States and nationals of the host country and are financed by contributions from the United States and the host government. In all cases the host government supplies by far the major portion of both personnel and funds. Eight countries in this area are participating.

Technical Assistance in Public Health

In Costa Rica, the health program includes a project for the construction of sanitary privies, technical support to the Department of Sanitary Engineering in the Ministry of Public Health, and, jointly with the World Health Organization (Pan American Sanitary Bureau), financial assistance to the National School of Nursing.

Current activities in El Salvador include the completion and partial equipping of two hospital-health centers, a tuberculosis pavilion, and a nursing school, and the supervision of an extensive rural sanitation project emphasizing safe water supplies and sewerage systems.

The objective of the Guatemalan program is the completion of a 1,000-bed hospital and medical center on the outskirts of Guatemala City, for which Guatemala is furnishing the funds.

Major emphasis in Haiti is being placed on extensive campaigns aimed at the control of yaws and malaria, the two outstanding health problems of the country. Assistance is being given the control operations through clinics and mobile units, and an extensive health education activity is being carried out. Other current activities include the operation of a health center, technical guidance to the National School of Nursing, construction of additions to the water supply system of the capital city, and general cooperation with the Hydraulic Service of the Haitian Government in a program aimed at improving community water supplies.

The principal activities in Honduras now include malaria control operations, the construction of water and sewerage systems, and technical assistance in the operation of a national tuberculosis sanatorium in Tegucigalpa.

Since its beginning in 1942, the program in Mexico has placed special emphasis on the construction of water supply and sewerage systems. Other current activities include technical assistance to Servicio-constructed health centers, country-wide campaigns to control malaria, rickettsial diseases, tuberculosis, pinta, brucellosis, and Rocky Mountain spotted fever, as well as an extensive project to control venereal dis-

eases along the United States-Mexican border and smallpox in the Tepalcatepec River basin.

The program in Nicaragua was reactivated in January 1951. Current operations comprise evaluation of previous work, conducting of extensive surveys for water supply and waste disposal projects, and construction of two health centers and two water supply systems.

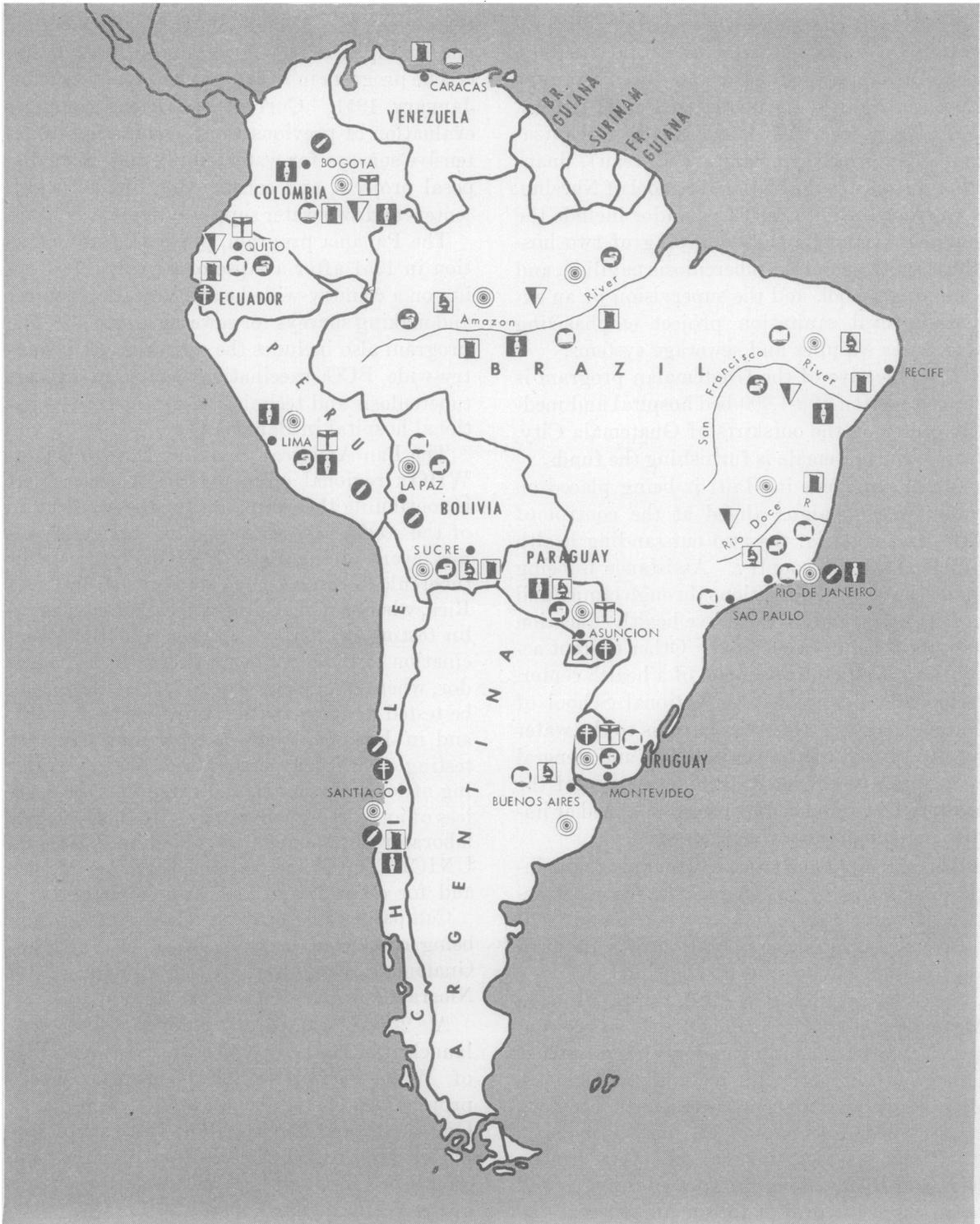
The Panama program, put back into operation in 1951 after a lapse of 6 years, is carrying on a country-wide health education project and making surveys for sewerage systems. The program also includes the operation of a country-wide BCG vaccination campaign against tuberculosis and technical assistance to the national hospital in Panama City.

The Pan American Sanitary Bureau acts as WHO's regional office for the Americas. It is continuing the campaign for the eradication of the *Aedes aegypti* mosquito, carrier of yellow fever. Joint WHO/UNICEF projects for tuberculosis control have been started in Costa Rica, where a 2-year program calls for tuberculin testing of 260,000 children and BCG vaccination of those not yet infected; in El Salvador, where it is hoped that 877,000 children can be tested and vaccination provided in 2 years; and in Jamaica, where the program calls for testing of 600,000 persons, vaccination, training of local personnel, and extending the services of an existing laboratory. A BCG vaccine laboratory in Mexico City, aided by WHO and UNICEF, produces vaccine both for Mexico and for other Latin American countries.

Campaigns against insect-borne disease are being conducted in Costa Rica, El Salvador, Guatemala, Honduras, British Honduras, and Nicaragua with WHO/UNICEF aid.

A 2-year campaign against yaws was launched in Haiti in 1950 with the cooperation of WHO and UNICEF. Venereal disease projects are being conducted in Nicaragua, Guatemala, and Mexico. The Institute of Nutrition for Central America and Panama was established in Guatemala with the cooperation of the WHO regional office.

South America



Technical Assistance in Public Health

THROUGH the Institute of Inter-American Affairs, the United States is carrying on bilateral technical assistance programs in health in nine South American countries. These programs are carried out through cooperative services similar to those used in the Central American countries. These "Servicios" are an integral part of the ministry of health in each country.

The major public health activity in Bolivia is the operation of a series of health centers in six of the country's nine departmental capitals. Other activities include the operation of dispensaries and a central laboratory, the training of personnel for laboratory work in health centers and hospitals, the supervision of country-wide health education projects, and the construction of a maternity hospital and a water supply system.

The cooperative health program in Brazil is centered principally in the Amazon, São Francisco, and Rio Doce Valleys and in the states of Bahia, Paraíba, and Pernambuco. Major activities include the operation of health centers (subposts in remote areas), hospitals, laboratories, and mobile dispensaries on river launches; construction of demonstration water supply systems, laundries, and public baths; state-wide privy construction projects in the states of Amazonas and Para; studies relating to the incidence and control of yaws, schistosomiasis, and other diseases common in the areas; improvement of public health and hospital nursing services in five states; conducting of extensive health education projects; development of industrial hygiene; and technical assistance in hospital administration.

An important phase of the cooperative health program in Chile is the operation of three health centers serving areas with populations ranging from 30,000 to 80,000. Other activi-

SYMBOLS FOR PROGRAMS

-  Malaria and/or other Insect Borne Diseases
-  Tuberculosis
-  Venereal Disease, Yaws, Bejel, and/or Pinto
-  Maternal and/or Child Health, and/or Nutrition
-  Rural Sanitation
-  Public Health Training and Facilities
-  Immunization
-  Laboratory and/or Research
-  Public Health Demonstration Teams
and/or Administrative Services
-  Hospital Facilities and Services

ties include country-wide campaigns for the control of tuberculosis, typhus, typhoid fever, meningitis, diphtheria, whooping cough, and other diseases which have especially high morbidity rates in Chile. In progress also are a country-wide nutrition project, a technical assistance project in vital statistics, a project in sanitation for the Aconcagua Valley, construction of health centers and several sewerage and water supply systems for small towns, and a country-wide health education project.

Emphasis is being placed in Colombia on the control of malaria in an area with a population of 3,000,000. Nutritional deficiency studies, health centers and yaws control projects, a country-wide health education project, and the operation of the National School of Nursing are other activities of the Servicio. Industrial hygiene activities are being initiated and environmental sanitation projects expanded.

The present public health program in Ecuador is a broad one, involving the control of malaria and yaws, the construction of water supply systems in several small cities, the construction of improved sewerage systems, and on-the-job training of sanitary inspectors and laboratory technicians. Thirty-two hospitals

Technical Assistance in Public Health

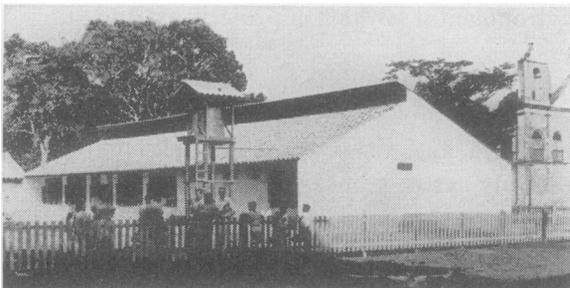
have been constructed and are in use. The Servicio is also the administering authority for an Export-Import Bank loan used for the construction of water supply and sewerage systems.

Current activities in Paraguay include assistance to the leper colony and the operation of health centers, a central laboratory, and a 100-bed tuberculosis sanatorium, which is being expanded to 200 beds.

At the present time, activities in Peru include the operation of health centers, hospitals, dispensaries, medical and sanitary posts, and river launch dispensaries in the jungle area; the study of industrial hygiene problems particularly related to high-altitude mining; the control of yellow fever and leprosy in the Department of Loreto; the study of nutritional deficiency; and a nation-wide health education project.

The cooperative health program for Uruguay has been directed primarily toward the planning, construction, and operation of demonstration health centers in the important towns. The Servicio currently is operating four demonstration health centers. Other activities include a country-wide health education project, a yellow fever project, a tuberculosis project, and technical assistance to the University School of Medicine.

The public health center in Caméta, Brazil, is 1 of the 21 built in the Amazon Valley.



The United States-Venezuela cooperative public health program is now limited to two major fields of activity: the provision of small water systems for the many small towns throughout the country and technical assistance to the National School of Nursing.

The threat of yellow fever has been reduced in the Western Hemisphere in the past 4 years by the work of the Pan American Sanitary Bureau, which acts as WHO's regional office for the Americas. In Ecuador, joint WHO/UNICEF projects for tuberculosis control include testing of 1,100,000 children and adolescents, vaccination, and establishment of a vaccine laboratory in Guayaquil. In Peru, a campaign against typhus, which began in Cuzco after an earthquake in May 1950, has been extended, with WHO/UNICEF help, to the entire country. Venereal disease projects are conducted in a number of countries, including Ecuador; Peru, where control in a port area will be demonstrated; Venezuela, where a serologic laboratory and venereal disease training center has been opened in Caracas; and Paraguay.

Immunization of children against diphtheria and whooping cough is under way in Chile and Colombia. In La Paz, Bolivia, the country's first children's hospital is being erected with technical aid by WHO and UNICEF.

This combined hospital and health center was built by the United States-Brazilian Cooperative Health Service in Santarem, Brazil.



Health Programs Reduce Death Rate In Brazil's Jungles

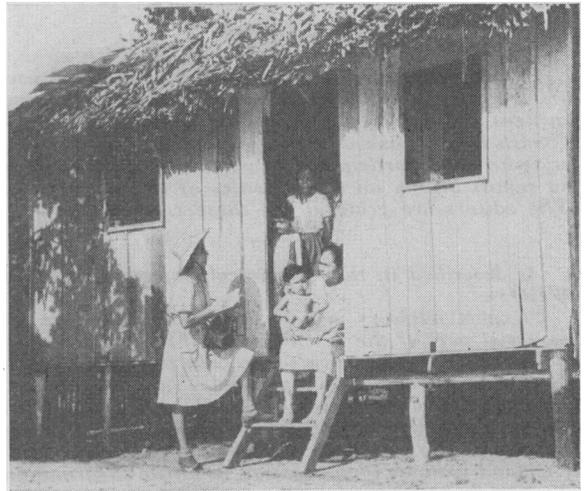
In the region of the Amazon River, the United States (Institute of Inter-American Affairs)-Brazilian cooperative health program has produced some almost miraculous results. Disease and poverty in this jungle area have been rampant for centuries. Before the program began in 1942, there were, according to some Brazilian estimates, as many as 8,000,000 cases of malaria a year. Intestinal parasites victimized thousands of people. The death rate was almost unbelievably high.

An important part of the program to improve health conditions in the Amazon Valley is being carried on by the 27 public health centers which have been set up in various villages by the cooperative health service. These health centers have specialized clinics for expectant mothers, for tuberculosis, for dental care, and for venereal disease. They provide consultation and treatment for those in need of these particular types of public medical service. They carry out immunization programs against specific diseases, including smallpox, typhoid fever, diphtheria, whooping cough, and tuberculosis.

Each health center usually has on its staff a group of visiting nurse's aides who go out into the homes of the service area on daily rounds to bring advice and consultation, particularly on problems of child care and family nutrition. These nurse's aides have many and varied duties to perform in this area where doctors and trained nurses are few. They take blood samples, care for women during labor, give instructions on child care, and set broken bones. One of their most difficult tasks is to talk the people out of their fear of hospitals.

The health centers frequently have a staff of public health inspectors who make periodic check-ups on sanitary conditions in the markets, the restaurants, and other public places where food is sold or handled.

One of these public health centers is located in Caméta, a jungle village of 3,000 people. The results of the health program in this village have been particularly dramatic. The yearly death rate used to be 200 out of every 1,000.



The visiting nurse of the United States-Brazilian Cooperative Health Service provides a link between the health center and the homes.

By 1948, the rate was down to 90 per 1,000, and in 1949 it slid down to 70.

The health center in Caméta, opened in 1945, is staffed with a physician, a trained nurse, a pharmacist, three visiting nurse's aides, a sanitary guard, and a laboratory technician—all of them Brazilians. In 1949 the center treated, without charge, 19,727 patients, gave 5,417 injections, and filled 27,340 prescriptions.

Another important activity of the Cooperative Health Service in Brazil is the fight against malaria. The town of Breves, a village of about 900 people located 100 miles up the Amazon River, offers a good example of the results of the antimalaria campaigns. In 1945, this village was so saturated with malaria that the river boats would not stop there. That year DDT spraying activities were begun, and since that date the town has been sprayed twice a year. Today there is not a case of malaria in the town. The boats are stopping again, and the village has resumed shipping out rubber and lumber.

The health program in Brazil is being financed jointly by that country and the United States, Brazil furnishing nine-tenths of the funds and the United States one-tenth.